

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

S-101-776414

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/-					
3	/-					
4	/-					
5	/-					
6	/-					
7	/-					
8	/-					
9	/-					
10	/-					
11	/-					
12	/-					
13	/-					
14	/-					
15	/-					
16	/-					
17	/-					
18	/-					
19	/-					
20	Cancel					
21	/-					
22	/-					
23	/-					
24	/-					
25	Ccancel					
26	/					
27	/-					
28	/-					
29	/-					
30	/-					
31	/-					
32	/-					
33	/-					
34	Ccancel					
35	/					
36	/-					
37	/-					
38	/-					
39	/-					
40	/-					
41	Ccancel					
42						
43						
44						
45						
46						
47						
48						
49						
50	Ccancel					
TOTAL IND.	5					
TOTAL DEP.	41					
TOTAL CLAIMS	46					

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51	Ccancel			
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65	/			
66		T-		
67		T-		
68		T-		
69		T-		
70		T-		
71		T-		
72		T-		
73	/			
74	/			
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92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

10/17/76, 414